BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/690455

CLAIMS AS FILED - PART I (Column 1) (Column 2						umn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TC	OTAL CLAIMS				·			RATE	FEE	1 '	RATE	FEE
FO	P		NUMBER	NUMBER FILED		NUMBER EXTRA		ASIC FEE	355.00	OR	BASIC FEE	710.00
TC	OTAL CHARGEA	ABLE CLAIMS	22 mir	22 minus 20=		2		X\$ 9=		OR	X\$18=	36.
_	DEPENDENT CL			H minus 3 =		• /		X40=		OR	X80=	80.
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT	RESENT				+135=		OR	0.70	00.
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	L	826.
	С	CLAIMS AS A	MENDE) - PAR	tT II			' · · · · · · · · · · · · · · · · · · ·]	OTHER	
		(Column 1)		(Colur		(Column 3)	SMALL E	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* ENTATION OF MI	Minus IULTIPLE DEF	PENDENT	T CL AIN	=		X40=	·	OR	X80=	
	111011111	MINION OF I	JEIR EL D.		I ULA		-	+135=		OR	+270=	
							_	TOTAL		ا _{مه} ا	TOTAL	
ŧ			_ •	.			AD	DIT. FEE	<u>-</u>	OR	ADDIT. FEE	<u> </u>
_	100 m/ S/2 // S	(Column 1) CLAIMS	E 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		imn 2) HEST	(Column 3)				-		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO	MBER MOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- O' A'N/	=		X40=		OR	X80=	
<u> </u>	FINOI FILL	ENTATION OF MU	JLIIPLE DEF	ENDEN	CLAlivi			+135=		OR	+270=	
							AD!	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)	,	<i>0</i> 11.1		, _	AUUII. I	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	IBER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	>	X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	T OL AIM	=	7	X40=		OR	X80=	
	HHOI PRESE	NIAHON OF INC	JLIIPLE DEF	ENDEN	CLAIIVI			·135=		OR	+270=	
* 15	f the entry in colu	ımn 1 is less than th	ne entry in colur	mn 2, write	∍ "0" in coʻ	lumn 3.		TOTAL		L	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												